



Incident Report

Print Date/Time: 01/21/2016 11:54
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00001241

Incident Date/Time: 1/20/2016 8:23:43 PM
Location: 29 79TH DR NE
LAKE STEVENS WA 98258
Phone Number: (425) 232-9228
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 4
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19N2	SS0132-Kilroy
19S13	SS0095-Miner

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	TEMPLETON, JEREMY					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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01/20/2016 : 20:24:46 SP0367 Narrative: CC, COLD, NS, H&R, LR 367

16-1241 Collison Report

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E507769**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	2016-1241
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LOCAL AGENCY CODING	0664
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	01	-	20	-	2016		2023	31			S	W	OF	0664	

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
79TH DR NE		BLOCK NO. <input checked="" type="checkbox"/> 29
		MILE POST

DISTANCE	0	50	MILES	<input checked="" type="checkbox"/>	N	<input checked="" type="checkbox"/>	E	<input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	MERIDIAN PL NE
			FEET	<input type="checkbox"/>	S	<input type="checkbox"/>	W			

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.	MMDDYYYY	-		-	
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES
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LICENSE PLATE #	UNKNOWN	STATE		VIN#	
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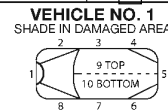
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	UNKN	MAKE	UNKN	MODEL	UNKNO	STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	NONE	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.	MMDDYYYY	-		-	
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	1	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES
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LICENSE PLATE #	AVR9290	STATE	WA	VIN#	19XFB2F59EE203437
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2014	MAKE	HOND	MODEL	CIVIC	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	JEREMY TEMPLETON 1105 80TH DR NE LAKE STEVENS WA 98258 D: 4259036371
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	UNKNOWN
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	
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OFFICER'S NAME (PRINT)	ROBERT MINER	BADGE OR ID #	0095	AGENCY	WA0311900
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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E507769**CASE # **2016-1241**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					

NARRATIVE

Unit #1 was parked on the west side of the road unoccupied. It was parked at around 1900 hours. Owner of Unit #2 came out to the vehicle at around 2030 hours. As he tried to open the driver door, he noticed the damage to the car's front driver side quarter panel. There was white paint transfer in the damage. Unit #1 is unknown.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

ROBERT MINER
01-21-16 02:29 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

ROBERT MINER 0095
1/21/2016 2:31:48 AM

BADGE OR ID #

0095

ORI #

WA0311900

TIME POLICE DISPATCHED

8:23 PM

TIME POLICE ARRIVED

8:29 PM

REPORT NO. E507769

CASE # 2016-1241

DATE AND TIME
OF COLLISION 01/20/16 20:23

